

## EDITOR'S PAGE



## Publications From the Interventional Council



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*The Interventional Council of the ACC was formed to represent the interventionalists who comprise the interventional section of over 5,000 members. This council intends to produce some statements that either clarify or integrate guidelines or address topics not well covered by guidelines. One of those is included in this issue of the journal. I have invited Dr. S. Tanveer Rab to explain the process.*

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The Interventional Council of the American College of Cardiology, under the leadership of Steve Ramee, MD, FACC, created a publications working group comprised of members of this council, with Dr. S. Tanveer Rab, MD, FACC, serving as chair of this group. The Interventional Council has the obligation to play an active role for the interventional membership in issues of daily practice. High profile and controversial topics are constantly moving targets, with evidence-based publications constantly changing the landscape. The publications committee believes that the myriad of publications and guidelines are overwhelming and sometimes confusing with many unanswered questions remaining for the practicing interventionalist. Concise, well-balanced consensus documents are therefore needed to guide the interventionalist.

In addition, the Interventional Council decided to engage our junior colleagues, including early career interventionalists and fellows-in-training. These early career interventionalists are paired with more established experts for the various writing groups.

The working mandate of the publications group is to identify and publish topics in areas of controversy or current importance to the interventional community, on behalf of the Interventional Council. These should be unbiased, suggest the best approach to care after reviewing the most current U.S. and European guidelines, debate controversial topics in a pro and con format, and draw the best conclusions. In the past year, the council identified 6 topics of importance for which writing groups were created by the publications committee. These topics included cardiac arrest, pulmonary embolism, same-day discharge after percutaneous coronary intervention (PCI), PCI after surgical turnaround, mechanical left ventricular support, pre-procedure assessment of aortic stenosis, and a debate about PCI versus coronary artery bypass graft (CABG) in multivessel coronary artery disease. Authors are to include at least 2 junior faculty or early career interventionalists and 2 prominent thought leaders, with representation from both within and outside the Interventional Council. A member of the publications group was the facilitator and also an author on the manuscript.

As can be imagined, with multiple contributors writing in their own unique style, the "flow" of the manuscript is challenging. The task of unifying the document and providing structure and final edits of the manuscript fall to the chair of each group. The council ratifies the manuscript as a council statement. The manuscripts are then submitted to *JACC: Cardiovascular Interventions* or the *Journal of the American College of Cardiology* (JACC) for peer review. The publications group is working closely with the editors of the *JACC* and *JACC: Cardiovascular Interventions* in the following ways.

- *JACC*: Topics are proposed for *JACC* clinical perspectives on behalf of the Interventional Council

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for “State of the Art Review” including the “Now and the Future” section. An outline of the proposed manuscript along with a list of authors and their expertise is submitted, and once approved, a manuscript is developed. Three topics proposed by the council were accepted; 2 are being developed and 1 manuscript has been published on the topic of cardiac arrest. The Interventional Council gave very high importance to the topic of cardiac arrest and the high mortality following PCI. There was no consensus document on this subject nor were there large-scale trials to suggest the best guidelines. Based on the writing group model, both early career and senior cardiologists were included. One hundred eight manuscripts were reviewed and a consensus document with an algorithm was created, to better risk-stratify comatose cardiac arrest patients (1).

- *JACC: Cardiovascular Interventions*: A list of potential topics has been developed. Proposed topics were vetted and four proposals considered. A pro and con format topic was accepted for publication on the importance of clinical trials versus clinical practice: when evidence and practice diverge. Experts discussed the very controversial subject “Should Nondiabetic Patients with 3-Vessel Disease and Stable Ischemic Heart Disease Be Preferentially

Treated With CABG?” (2). A lead from the Interventional Council derived his conclusions from this debate and presented his recommendation in this paper, to be published in the November 2015 edition of *JACC: Cardiovascular Interventions*.

Although consensus opinions are important, the journals, in recent years, have swayed away from debates. Though we recognize that a debate may lead to confusion and the readers are left to draw their own conclusions, the Interventional Council will generate its own conclusions and recommendations to provide some clarity to the subject. Input from the readership about this format would be highly valued. Apart from the 6 topics that are being developed, 2 other proposals are being evaluated. The Interventional Council supports inclusiveness. The publications group of the Interventional Council is open to interventionalists, both within and outside the interventional member section, to make suggestions for topics for development as consensus documents. We invite you to suggest topics and participate in developing these documents.

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## REFERENCES

1. Rab T, Kern KB, Tamis-Holland JE, et al., for the Interventional Council, American College of Cardiology. Cardiac arrest: a treatment algorithm for emergent invasive cardiac procedures in the resuscitated comatose patient. *J Am Coll Cardiol* 2015;66:62-73.
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